THE CANCER LETTER FAX

Vol. 22 No. 20
May 17, 1996

Price $265 Per Year US
$285 Per Year Elsewhere

NCI To Close Clinical Branch At Frederick, Move Patients, Protocols To Bethesda

NCI is preparing to close its Clinical Research Branch at the Frederick Cancer Research and Development Center in Frederick, MD, Institute officials said last week.

The five investigators at the branch will move their protocols and patients to the NIH Clinical Center in Bethesda over the next four months, NCI officials said.

The consolidation of the branch with the NCI clinical program in Bethesda would strengthen the Institute's intramural research program,

(Continued to page 2)

In Brief

John Mendelson To Succeed LeMaistre As President, M.D. Anderson Cancer Center

JOHN MENDELSOHN was named president of the **University of Texas M.D. Anderson Cancer Center**. Mendelsohn, chairman of the Department of Medicine at Memorial Sloan-Kettering Cancer Institute, will succeed **Charles LeMaistre**, who is scheduled to retire Aug. 31. "Dr. Mendelsohn has the breadth of experience and the keen vision necessary for leading M.D. Anderson into the 21st century," said Bernard Rapoport, chairman of the U.T. Board of Regents. Mendelsohn, 59, is editor-in-chief of Clinical Cancer Research, a journal published by the American Association of Cancer Research. Before moving to Sloan-Kettering, Mendelsohn was the founding director of the cancer center at the University of California at San Diego. Mendelsohn will be the center's third full-time president. LeMaistre held the job since 1978. His predecessor, R. Lee Clark, was president from 1946 to 1978. . . . **KATHI MOONEY** was elected president of the **Oncology Nursing Society**. Mooney is a professor at the University of Utah College of Nursing. **Pamela Haylock**, a cancer care consultant based in Woodside, CA, is the society's new president-elect, **Paula Trahan Rieger**, a cancer detection specialist at M.D. Anderson, was elected the society's secretary, and **Marcia Rostad**, a pediatric oncology nurse at the University Medical Center in Ticson, was elected treasurer. . . . **CAROLE HEILMAN** was named associate director for scientific program development of the Division of AIDS of the National Institute of Allergy and Infectious Diseases. Heilman, a virologist, is the former program coordinator for infectious diseases and chief of respiratory diseases branch at the NIAID Divicion of Microbiology and Infectious Diseases.

NCI To Close Clinical Branch At FCRDC, Move Protocols

(Continued from page 1)

a special committee of the National Cancer Advisory Board said last year.

The elimination of the branch is part of a larger reorganization of NCI's operations at the Frederick center. The changes are aimed to provide greater oversight and accountability for intramural research at the center, and provide a basis on which to enhance the center, NCI officials said.

"We are working to develop a plan to turn Frederick into truly a national resource," Klausner said to the NCAB at its meeting May 7. "Frederick presents us with an extraordinary opportunity to create an intellectual and a service infrastructure, not just for the intramural program, but for the nation."

The Clinical Research Branch, established in 1986 as an intramural component of the Biological Response Modifiers Program, operates an outpatient clinic at the Frederick Memorial Hospital Cancer Treatment Center as well as a 14-bed inpatient unit at Frederick Memorial Hospital.

In fiscal 1996, the branch had the budget of $9.7 million.

Last October, NCI dismantled the Biological Response Modifiers Program by shifting oversight for the Clinical Research Branch from the former Division of Cancer Treatment to the new Division of Clinical Sciences. The basic science laboratories that were part of the BRMP were moved to the Division of Basic Sciences. The laboratories are scheduled to be peer-reviewed in September.

Senator Chides NCI

The decision to close the Clinical Research Branch was made by Klausner with the concurrence of the NCI Executive Committee, the NCAB, and the NCI Board of Scientific Counselors, sources said.

However, NCI apparently did not count on the reaction of Sen. Barbara Mikulski (D-MD).

Klausner called Mikulski's office on Friday, May 3 to give the Senator the customary notification of changes to federal programs in her state. She was not available to take the call, which came around 4 p.m., according to a press aide.

Mikulski visited Frederick the following Monday, and in an interview with the Frederick News-Post, criticized Klausner for notifying her late in the decision-making process. The Friday afternoon phone call was a "transparent, manipulative kind of thing to do," Mikulski said, according to a May 7 News-Post article.

"This was very upsetting to the Senator, " Mikulski's press aide said to **The Cancer Letter**. "She was distressed that they did not tell her about it earlier, when she could have changed the outcome, or put legislation in place that would clearly define where patients would go.

"We have received assurances from Dr. Klausner that all patients will receive treatment, and NCI would pick up any costs of travel," the aide said. "That is very reassuring to the Senator. And we have been reassured that they would do everything they can to provide new opportunities for the 20 to 30 nurses who may be laid off."

About six NCI employees will be relocated to Bethesda, sources said. NCI and Science Applications International Corp., the contractor for operations and technical support at Frederick, will try to find positions for the 50 contract personnel who provided clinical trials support, NCI said.

"First, we are making sure that patients involved in clinical protocols will be able to continue on their protocols in Bethesda," Philip Pizzo, acting director of the NCI Division of Clinical Sciences, said to **The Cancer Letter**. "Second, we want to ensure that the employees who are part of the contract will be relocated to positions in the public or private sector.

"The third part is to make sure the NCI

THE CANCER LETTER

Founded 1974
Member, Newsletter Publishers Assoc.

Editors: **Kirsten Boyd Goldberg, Paul Goldberg**
Founder: **Jerry D. Boyd**

P.O. Box 9905, Washington, D.C. 20016
Tel. (202) 362-1809 Fax: (202) 362-1681
Editorial e-mail: kirsten@www.cancerletter.com
Subscriptions: subscrib@www.cancerletter.com
World Wide Web URL: http://www.cancerletter.com

Subscription $265 per year US, $285 elsewhere. ISSN 0096-3917. Published 48 times a year by The Cancer Letter Inc., also publisher of The Clinical Cancer Letter.

investigators who are part of the Clinical Research Branch have opportunities to continue their work and be evaluated as part of the general review that is taking place," Pizzo said.

Peter Fischinger, principal investigator for the SAIC contract at Frederick, said 11 protocols are active and are being reviewed. "NCI will decide which protocols will continue," he said to **The Cancer Letter**. "The level of our support services will be determined by the number of protocols that continue. Several of the protocol and research nurses will be transferred to Bethesda, and we will try to find positions for the others."

A subcontract to Frederick Memorial Hospital will not continue, Fischinger said. The hospital had anticipated that the contract would end, and was in the process of scaling back its support for the clinical trials.

"It should not be a significant impact on the hospital's finances," Fischinger said. "Although it is important and prestigious, clinical research in cancer does not generate a lot of money. It tends to lose money."

NCAB Supports Decision

At a closed session last week, the NCAB reaffirmed its support for the decision to eliminate the branch.

Last month, the NCI Board of Scientific Counselors, during a closed meeting, concurred that the decision could be made by the Institute without further scientific review, sources said.

"We recognize that this was a difficult and painful decision with human consequences, but the NCAB unanimously supported Dr. Klausner's decision," NCAB Chairman Barbara Rimer said to **The Cancer Letter**.

"The decision was consistent with the findings of the Bishop-Calabresi report," said Rimer, professor and director of the cancer control program at Duke University Comprehensive Cancer Center.

Paul Calabresi, co-chairman of the NCAB committee that recommended the consolidation, said that NCI's three clinical programs—the Medicine Branch at the Clinical Center, the Clinical Research Branch at Frederick, and the NCI-Navy Medical Oncology Branch—were often duplicative.

Clinical fellows in Bethesda rarely interacted with experts in Frederick, he said.

"We site-visited the program at Frederick quite extensively, and we came to the conclusion that, at a time when NIH is talking about building a new Clinical Center, it did not make much sense to have three clinical centers for cancer research and treatment," said Calabresi, director of clinical pharmacology, Rhode Island Hospital, and chairman emeritus of medicine, Brown University.

Institute officials said the NCI-Navy program will be reviewed this year as part of the review of all branches in the Division of Clinical Sciences.

Bruce Chabner, former director of the NCI Division of Cancer Treatment, said the Institute's decision was not surprising. "This kind of consolidation and merger is going on in medical centers all over the country," Chabner said to **The Cancer Letter**. "It makes sense for NCI to consolidate where it can.

"The unit has done a lot of interesting work, and I took pride in what they were trying to accomplish," said Chabner, chief of medical hematology and oncology and clinical director of the Massachusetts General Hospital Cancer Center. "I hope the really good researchers at Frederick continue to have the opportunity to do the work they were doing."

Site Visits Found Problems

When the Clinical Research Branch was established, its goals were to conduct phase I and II trials of biotechnology agents, pilot studies integrating biologicals with other forms of therapy, correlation of clinical findings with laboratory data, and interdisciplinary research to improve the treatment of lymphomas, according to an NCI statement.

A 1991 site visit of the branch by the DCT Board of Scientific Counselors found several problems, including protocols that duplicated work at the NIH Clinical Center, difficulties involving biotechnology companies in collaborative research, problems obtaining materials, and little input from statisticians, sources said.

Because of the duplicative protocols, the branch often competed for patients with the Clinical Center, sources said.

Also, the 1991 site visit recommended that NCI recruit a senior scientist to serve as chief of the branch. Dan Longo, the former BRMP director since 1985, served as acting chief of the branch. The branch chief position was never permanently filled, sources said.

Longo, who left NCI last October to become

scientific director of the National Institute on Aging, declined to comment.

Site visitors also were troubled that the branch was conducting single-institution phase III trials in lymphomas, sources said. The Bishop-Calabresi report and other reviews have said NCI's intramural program should emphasize early, innovative therapies.

The branch's active protocols have dwindled from 46 to 16 over the past year, and its inpatient census has fallen from six inpatients a day to three a day. The outpatient visits have fallen from 40 per week to 30 per week, sources said.

Restructure of Frederick Center

The changes to the organization of the Frederick center will clarify the center's interaction with the NCI intramural program, and provide greater opportunities for interaction with extramural investigators, Klausner said to the NCAB last week.

Addressing the board, Klausner said he found the center's old structure confusing.

"It was an incredible mixture of contract and support services, for the intramural program, some for the extramural program, with independent research, some of which had never been reviewed," Klausner said. "We kept discovering investigators."

Ten intramural NCI laboratories at Frederick belonged to four different divisions, which tended to create "artificial boundaries" between scientists, George Vande Woude, special assistant to the NCI director for basic sciences, said to **The Cancer Letter**.

The labs, now the responsibility of the Division of Basic Sciences, will remain in Frederick, Vande Woude said. Each principal investigator, whether a contract employee or an NCI employee, receives their own budget and will be peer-reviewed.

"Understandably the change is creating some anxiety, but in the long run it will be a much better place, because it is integrated into one program," Vande Woude said. "People are communicating with each other in ways they never did before."

In another change, the Frederick center reports to the NCI deputy director, Alan Rabson. In the past, NCI named an associate director to oversee Frederick.

NCI also has appointed an acting scientific coordinator for Frederick, Joseph Mayo, chief of the Biological Testing Branch of the Developmental Therapeutics Program.

An intramural or extramural scientist who wants to propose projects for the Frederick core facilities would work with Mayo, whose job is to make sure the projects are feasible, Klausner said.

SAIC has welcomed the changes, Fischinger said. "I am very impressed with the personal review and attention Dr. Klausner has paid to the Frederick center. He has sat through program reviews with us and is well-versed in the work we are doing," he said.

The FCRDC Advisory Committee is scheduled to review the center's shared and core services at a meeting June 2-3. This will be the first comprehensive review of these services in the center's history.

Position Open For AIDS Scientist

In another move related to the reorganization of NCI, the Institute has restructured its AIDS research program, Klausner said to the NCAB.

Klausner said NCI has developed a system for determining which of its projects constitute AIDS research. The classification system was developed with the help of the NIH Office of AIDS Research, Klausner said.

The Institute also has shifted the majority of its AIDS research budget from the intramural program to the extramural program. Last year, less than 13 percent of the AIDS funds were made available to extramural researchers, Klausner said. This year, 46 percent of AIDS funding, or about $93 million, is available to extramural researchers.

Funding was increased to cooperative groups, the AIDS Malignancy Consortium, and the AIDS Malignancy Tissue Bank, he said.

Much of the early development of drugs for AIDS was done at the Frederick center, NCI officials said. To build on that expertise, NCI plans to establish an HIV/AIDS program at the center.

The Division of Basic Sciences is trying to recruit a senior scientist to lead the program, which could specialize in areas of AIDS research from basic virology to AIDS-associated malignancies.

The program will have 4,800 square feet of research space and the annual budget of about $3.5 million. The senior scientist will supervise several principal investigators.

"We are looking for a world-class leader who will unite the community, and provide the cement for all these groups to interact," Vande Woude said. The salary could be as high as $148,400.

Applicants may send a cover letter, statement of research interests, curriculum vitae, bibliography and names and addresses of five references to: Toni

McKeown, NCI, Human Resources Management Consulting Branch, 6120 Executive Blvd Rm 537, EPS, Rockville, MD 20852, tel: 301/402-2812, fax 301/402-9333.

Cancer Panel To Examine Health Of Early Clinical Trials

The President's Cancer Panel plans to investigate the impact of managed care on the development and conduct of phase I clinical trials.

The panel plans to hold four meetings this year around the US to take testimony from patients, clinical investigators, basic scientists, and cancer care providers, Panel Chairman Harold Freeman said to the National Cancer Advisory Board at its meeting May 7.

The panel will make recommendations to NCI at the end of the year, Freeman said.

The panel's concern reflects the feeling of many cancer researchers that phase I trials, the first step to testing new therapies in patients, could be left behind in the cost-cutting emphasis of managed care, panel member Paul Calabresi said.

Clinical researchers can clearly show that patients usually benefit from treatment in phase II and III trials, which test therapies that are further along in development. However, insurers view phase I trials, testing therapies never before used in humans, as research, and often do not reimburse the costs of clinical care for patients in these trials, Calabresi said.

"There is going to be a gap at the phase I level, and this is really where translational research takes place," said Calabresi, director of pharmacology, Rhode Island Hospital and chairman emeritus of medicine at Brown University.

The panel's concern was heightened by the Department of Defense agreement earlier this year with NCI, Freeman said. The military health system agreed to cover the clinical costs of care for its members who enter NCI approved phase II and III trials, but not phase I trials.

DOD officials decided to drop coverage for phase I trials during the negotiations with NCI, Institute Director Richard Klausner said.

"While the DOD agreement covered phase II and phase III, that does not represent what we are specifically focusing on in our discussions with other agencies and private insurers and providers," Klausner said to the NCAB.

"That was the choice made by DOD in negotiations, and that was as far as we were going to get," Klausner said. "Our sights are set on dealing with commitments to supporting all of clinical research."

The panel's first meeting on phase I trials is scheduled for July 30 in Seattle, WA.

Freeman said Seattle was chosen because it is an area dominated by health maintenance organizations, and is the location of the Fred Hutchinson Cancer Research Center and the University of Washington, which conduct phase I trials.

"We hope to hear from concerned groups and individuals as they are experiencing the impact of managed care," said Freeman, director of surgery at Harlem Hospital Center, New York City.

The panel is scheduling meetings to be held in September, October and November.

RFA Available

RFA CA-96-012

Title: Multi-Institutional Cooperative Agreements For Clinical Evaluation Of Magnetic Resonance Imaging In Breast Cancer-Addendum

NCI announces the following addendum to the RFA CA-96-012:

"Recent discoveries have made it clear that mutations in certain genes, such as BRCA1 and BRCA2, can define a population of women having increased genetic susceptibility for the development of breast cancer. The immanent commercial availability of genetic testing in the near future heightens the need to evaluate the effectiveness of new technologies such as breast MRI for the screening of women at increased genetic risk, particularly since it is expected that many women who are found to carry mutations will be in younger age groups, where the sensitivity of conventional film mammographic screening is problematic. In addition to responding to the major focus of this RFA, applicants anticipating access to meaningful numbers of patients with mutations in known breast-cancer genes are strongly encouraged also to propose pilot studies that evaluate the potential role of breast MRI in detecting early breast cancer in women at increased genetic risk."

To accommodate applicants who plan to incorporate MRI screening studies of breast cancer in women at increased genetic risk into their response to this RFA, applications also will be accepted on Aug. 27, in addition to the previously published receipt date of July 30.

Inquiries: Carl Mansfield, DCTDC, NCI, 6130 Executive Blvd Suite 800-MSC 7440, Bethesda, MD 20892-7440, tel: 301/496-6111, fax: 301/480-5785, e-mail: mansfieldc@ dtpepn.nci.nih.gov

Army Breast Cancer Program Seeks Grant Applications

BCRP-BAA-96

Proposal Deadline: July 17, 4 p.m. EST

The US Army Medical Research and Materiel Command, through this Broad Agency Announcement, is soliciting applications on breast cancer research. Proposals will be sought across all areas of basic, clinical and epidemiologic research including all disciplines within the basic sciences, clinical sciences, social and psycho-social sciences, public health, economics, quality of life, alternative therapies, occupational health, nursing research and environmental concerns. The overall objective of this funding effort is to promote research directed toward eradicating breast cancer.

This year's program features a change in emphasis from past solicitations. The USAMRMC is strongly encouraging the scientific community to undertake great strides in innovative research to eradicate breast cancer by calling for proposals which will foster new directions, address neglected issues, and bring new investigators into the field of breast cancer research. The central theme is innovation. Scientific ventures that represent unattempted avenues of investigation or novel applications of existing technologies are highly sought. Interdisciplinary research and communication are encouraged as are military/civilian collaborations. Proposals addressing the needs of minority, elderly, low income, rural and other under-represented populations are encouraged. While the program wishes to encourage risk-taking research, such projects must nonetheless demonstrate solid scientific judgment.

The programmatic strategy will be implemented by a solicitation for proposals in two categories: Research and Training/Recruitment. The Research category contains IDEA awards and Research with Translational Potential (RTP) awards. The intent of IDEA awards is to stimulate and reward speculative but especially promising and creative ideas that may yield a high payoff. In accordance with this challenge to be innovative, we invite submission of proposals even if they lack pilot data.

The RTP awards are intended to support larger interdisciplinary projects that will translate into improved prevention, treatment, and ultimately, eradication of breast cancer. The Training/Recruitment category consists of pre- and postdoctoral traineeships, Career Development Awards and Sabbaticals. The USAMRMC is particularly interested in preparing new scientists for a career in the battle against breast cancer, enhancing the expertise of existing breast cancer researchers as well as presenting an opportunity to move established people into the field.

Proposals will be evaluated in a two-tiered review process consisting of scientific peer review in the first tier and programmatic relevance review in the second tier. While scientific merit is an important criterion for award, proposals that receive high scientific merit scores in peer review but are judged to have low programmatic relevance are likely to be rejected for funding. Therefore, scientifically excellent studies that directly address the unique focus and goals of this program are most likely to receive funding support. Congress has appropriated $75 million for this program. Of this appropriation, approximately $55 million will be allocated to Research and $20 million to Training/Recruitment. However, this investment strategy is subject to modifications based on the quality and distribution of proposal submissions. The research categories and the associated award mechanisms are described in this section, followed by a description of who may apply. Prospective responders familiar with the USAMRMC program from previous years are urged to review this BAA carefully, as significant revisions in program focus and award category definitions have been made.

Set Aside for Historically Black Colleges and Universities/Minority Institutions: Up to $5 million of the total funds allocated for this year's Breast Cancer Research Program shall be for the exclusive participation by Historically Black Colleges and Universities/Minority Institutions (HBCU/MI), as defined by the Department of Education. Submissions are invited in both award categories, Research and Training/Recruitment. Similar to the overall program, the final investment strategy will be determined based on the quality and distribution of proposal submissions. To implement the set-aside program, proposals submitted from HBCU/MI will be reviewed collectively with all others, but separate rankings of HBCU/MI will be made when award selections are determined. If no proposals or an insufficient number of acceptable proposals are received from HBCU/MI, these reserved funds will revert to the larger pool. Proposals from HBCU/MI determined to be sufficiently meritorious will be funded.

Research Award Categories

IDEA Awards: Approximately 130 awards will be made. Typically these awards are for a maximum of $300,000 (inclusive of direct and indirect costs) and can be used for a period of up to 3 years. The intent of this category is to support innovative scientific approaches to breast cancer research that may be untested but that may reveal breakthroughs or new avenues for fulfilling the programmatic goal of eradicating breast cancer. Despite the inherent risk-taking nature of these projects, they must nonetheless demonstrate solid scientific judgment.

The vision of IDEA awards is qualitatively different than traditional research projects. Unlike traditional awards, it is anticipated that idea submissions may lack pilot data. This does not imply that innovative research with supporting pilot data is not welcome. The proposed funding will give investigators the necessary support and time to determine whether an idea is worth pursuing and to gather the preliminary data needed to successfully compete in the future for a more traditional award. Fundamentally, this component seeks to reward investigators who undertake studies that represent unattempted avenues of investigation or novel applications of existing technologies. Applications to the IDEA award subcategory shall describe in the Proposal Relevance Statement how the proposed work is innovative, and this theme should be integrated throughout the body of the proposal.

The USAMRMC is taking steps to ensure that the focus of scientific peer review will incorporate the spirit of this unique category. Because risk-taking research that lacks pilot data is counter to prevailing paradigms of scientific evaluation, participants in USAMRMC peer review study sections, including panel Chairpersons and Executive Secretaries, will receive extensive orientation to the intent of the IDEA category. Furthermore, IDEA submissions will be evaluated separately from submissions to other areas to ensure proper consideration of the unique IDEA requirements.

Research may be conducted over any 3-year period prior to 30 September 2001. However, negotiations must be completed and awards finalized by 30 September 1997. The body of the proposal shall have no more than five pages.

Research with Translational Potential Awards: Approximately $15 million is available in this category. No restrictions apply to the size of these awards. Funds will support direct and indirect costs for a maximum of 4 years. The intent of this award category is to support larger interdisciplinary research projects that will translate into advances in the field of breast cancer prevention, treatment, and, ultimately, eradication. Proposals are encouraged across all areas of basic, clinical, epidemiologic, public health, and behavioral sciences research. The goal is to sponsor novel research that will result in substantial improvements over today' s approach to the prevention, diagnosis, and treatment of breast cancer, and that will enhance the quality of life for persons with the disease.

Successful proposals shall demonstrate likely translatability to the practice of breast cancer prevention, diagnosis, treatment, and/or health care delivery. Applications to the RTP award subcategory shall describe in the Proposal Relevance Statement how the proposed work is potentially translatable to the practice of breast cancer prevention, diagnosis, treatment and/or health care delivery, and this theme should be integrated throughout the body of the proposal.

These awards are intended to fund both new and established scientists across a broad spectrum of disciplines. For these awards, applicants must include preliminary data to support the feasibility of their hypothesis. Research may be conducted for up to a 4-year period prior to 30 September 2001. However, negotiations must be completed and awards finalized by 30 September 1997. No more than ten pages may be allotted for the body of the RTP proposals.

Training/Recruitment Award Category: The Training/Recruitment component of this BAA is designed to attract both new and established investigators with diverse backgrounds and interests to the field of breast cancer research. There are four subcategories in this award category: predoctoral traineeships, postdoctoral traineeships, career development awards, and sabbaticals. The intent is to prepare new scientists for a career in the battle against breast cancer, enhance expertise of existing breast cancer researchers, as well as to present an opportunity to move established investigators into the field. In order to best fulfill this intent, a critical requirement for award in the pre- and postdoctoral traineeship subcategories is that the submission shall be written by the trainee. Failure to comply with this requirement may be cause for rejection of the proposal.

Collaborations and interdisciplinary work are strongly encouraged, based on the presumption that advances in this field may be derived from diverse scientific areas. Research that captures the innovative spirit of the IDEA award is encouraged. Applicants to the Training/Recruitment category shall describe in the Proposal Relevance Statement how this training will impact on their career as a breast cancer researcher. Salary support will be based on institutional salary guidelines for individual compensation and benefits at the applicant's career level. The body of the proposal shall have no more than 5 pages.

Award Subcategories:

Predoctoral Traineeships: Funding level: An average of $20,000 (inclusive of direct and indirect costs) annually for up to 3 years. The goal of this subcategory is to make direct individual traineeship awards to promising graduate students. The intent of these traineeships is to support predoctoral dissertation research rather than rotations or basic coursework. Funds will also be used for tuition, expenses, and stipends. It is the policy of the USAMRMC that all predoctoral submissions shall be written by a specific trainee. No predoctoral awards will be made for submissions specifying "to be named" trainees.

Research may be conducted for up to a 3-year period prior to 30 September 2001. However, negotiations must be completed and awards finalized by 30 September 1997.

Postdoctoral Traineeships: Funding level: An average of $40,000 (inclusive of direct and indirect costs) annually for up to 3 years, plus health benefits and up to $1,000 annually for travel to scientific meetings. The goal of this subcategory is to enable recent doctoral degree graduates with limited postdoctoral experience (less than 5 years) to either extend ongoing research related to breast cancer or broaden the scope of their research to include work relevant to breast cancer. A broad spectrum of research interests in breast cancer is intended, including basic, clinical, psychosocial and public health sciences.

It is the policy of the USAMRMC that all postdoctoral submissions shall be written by a specific trainee. No postdoctoral awards will be made for submissions specifying "to be named" trainees.

Research may be conducted for up to a 3-year period prior to 30 September 2001. However, negotiations must be completed and awards finalized by 3 0 September 1997.

Career Development Awards: Funding level: An average of $S0,000 (inclusive of direct and indirect costs) annually for up to 4 years, plus health benefits. These awards have a dual intent: to encourage individuals who have postdoctoral training, but are not established investigators, to pursue a breast cancer-related research career; and to encourage those established individuals who are currently working in areas other than breast cancer to shift their focus to breast cancer research. These awards will provide salary support and health benefits, freeing recipients from some of their teaching and clinical responsibilities so that they can devote more time to research. Such awards will provide these new breast cancer researchers the opportunity to accumulate the data and experience to compete for traditional awards later in their careers.

Research may be conducted for up to a 4-year period prior to 30 September 2001. However, negotiations must be completed and awards finalized by 30 September 1997.

Sabbaticals: Funding level: Up to $100,000 for 1 year (inclusive of direct and indirect costs). The goal of this subcategory is to encourage established breast cancer researchers to develop new expertise or receive training that would enable them to broaden the scope of their research in breast cancer. Note that these sabbaticals are also available to investigators who do not qualify under normal institutional rules for sabbatical leave. These l-year awards may be taken at another institution, or within the same institution or department. The applicant is expected to demonstrate clearly and convincingly that the proposed efforts will result in enhancement of pre-sabbatical work. One-year sabbaticals may be conducted during any l-year period with the restriction that all work must be completed by 30 September 2001. However, funds must be obligated by the USAMRMC prior to 30 September 1997.

Inquiries: Melissa Reynolds, US Army Medical Research and Materiel Command, ATTN: MCMR-PLF (BCRP-BAA-96), Fort Detrick, Frederick, MD 21702-5024, tel: 301/619-7079, fax: 301/619-7792.

NCI Contract Awards

Title: Repository for storage and distribution of biological research resources.

Contractor: Quality Biotech Inc., Camden, NJ; $1,663,292.